

Grant Application

Department of Criminal Justice Services, 202 North Ninth Street, Richmond, VA 23219

Grant Program:	Community Policing - 2006		
Applicant:			
Applicant Federal ID number:			
Jurisdiction(s) served:			
Program Title:			
Grant Period:	July 1, 2006 through December 31, 2006		
Project Director		Project Administrator	Finance Officer
Name:			
Title:			
Address:			
Phone:			
Fax:			
E-mail:	*	*	*
Signature of Project Administrator:			
Brief Project Description:			
Project Budget Summary			
	State Funds	Local Match	Category Total
Consultants	\$	\$	\$
Travel/Subsistence	\$	\$	\$
Equipment	\$	\$	\$
Supplies/Other Operating Expenses	\$	\$	\$
Subtotals:	\$	\$	\$
Grand Total: \$			

* Please include e-mail